



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/29/2003	200336002150	LIMITED PARTNERSHIP (CLP)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

VORYS, SATER, SEYMOUR AND PEASE LLP
MARY JO GROVE
52 EAST GAY STREET
COLUMBUS, OH 43215

STATE OF OHIO**Ohio Secretary of State, J. Kenneth Blackwell****1429791**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
SUPERIOR BEVERAGE GROUP, LTD.

and, that said business records show the filing and recording of:

Document(s)

LIMITED PARTNERSHIP

Document No(s):

200336002150

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 15th day of December,
A.D. 2003.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
☒ No PO Box 670
Columbus, OH 43216

**Application for Registration of a Registered Partnership
Having Limited Liability or
Certificate of Limited Partnership**

(Domestic or Foreign)
Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Certificate of Limited Partnership ☒ Domestic (141-CLP) <u>Ohio</u> <u>October 1, 1984</u> ☐ Foreign (104-LPF) (Home State) (Date of Organization) ORC 1782	(2) Application for Registration of a Registered Partnership Having Limited Liability ☐ Domestic (105-PLL) ☐ Foreign (105-PLF) (State) ORC 1775.61 (A)
---	--

Complete the general information in this section for the box checked above.

The Name of the
Partnership Shall Be Superior Beverage Group, Ltd.

☐ Check here if additional provisions are attached

Complete the information in this section if Domestic or Foreign is checked in box (1).

The Address of the
principal place of
business of the partnership shall be

425 Victoria Road
(Street)

Austintown Ohio 44515
(City) (State) (Zip Code)

The Name and Business or Residence Address of each
GENERAL PARTNER is

(Name)

(Address)

M & A Distributing Co., Inc. 425 Victoria Road, Austintown, OH 44515

(If insufficient space to cover this item, please attach additional sheet)

Complete the information in this section if box (1) or (2) is checked.

The above stated hereby appoints the following as its Statutory Agent

The Name & Address of a
Statutory Agent for Service of Process

James L. Messenger

(Name)

in Ohio is

34 Federal Plaza W., Suite 600

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Youngstown

(City)

Ohio

(State)

44503

(Zip Code)

The entity above irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or
- B. the above listed fails to designate another agent when required to do so, or
- C. the above stated registration to do business in Ohio expires or is cancelled.

ACCEPTANCE OF APPOINTMENT

(Agent must sign Acceptance of Appointment if Domestic is checked in box 1.)

The Undersigned, James L. Messenger, named herein as the

Statutory agent for, Superior Beverage Group, Ltd., hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:


(Statutory Agent)

Complete the information in this section if Foreign is checked in box (1).

The Address of the
Foreign Partnership
in the State or Country
of Formation

(Street)

(City)

(State or Country)

(Zip Code)

(If the foreign limited partnership is not required to maintain an office in its state of formation, please indicate this fact in this space)

The address of the office where a list of the names and business or residence addresses of the limited partnership and their capital contributions is to be maintained until the registration of the foreign limited partnership is cancelled or withdrawn is

(Street)

(City)

(State or Country)

(Zip Code)

Complete the information in this section if box (2) is checked.

Please complete the following appropriate section (either item A or B)

(A) The Address of the Partnership's
Principal Office in Ohio is

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

If the partnership does not have a principal office in Ohio, then item B must be completed.

(B) The Address of the Partnership's
Office is

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

The business which the partnership engages in is

The effective date shall be

(Date)

(If a date is specified, the date must be a date on or after the date of filing; the effective date of the application cannot be earlier than the date of filing. If no date is specified, the date of filing will be the effective date of the application.)

Follow these signature instructions in this section if an item in box (1) is checked.

(Domestic) Certificate must be signed by all general partners.

(Foreign) This application is to be signed by a general partner of the limited partnership.

Follow these signature instructions in this section if an item in box (2) is checked.

The registration application must be executed by a majority in interest of the partners or by one or more partners authorized by the partnership to execute the registration application.

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)

Authorized Representative

M & A Distributing Co., Inc., General Partner

(Print Name)

By: JOSEPH R. McHENRY

Its: SECRETARY

Date

Authorized Representative

Date

(Print Name)